

(GW/UST-3)

Notice of Intent: UST Permanent Closure or Change-In-Service

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only
I. D. Number
Date ReceivedRECEIVED
N.C. Dept. of EHNR

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

JUN - 4 1996

Winston-Salem
Regional Office

I. OWNERSHIP OF TANK(S)

Tank Owner Name: D.H. Griffin Wrecking Co.

(Corporation, Individual, Public Agency, or Other Entity)

Street Address: 4700 Hill Top RoadCounty: GuilfordCity: Greensboro State: NC Zip Code: 27407Tele. No. (Area Code): (910) 855-7030

II. LOCATION OF TANK(S)

Facility Name or Company Napa Auto Parts

Facility ID # (if available) _____

Street Address or State Road: 3827 High Point Rd.County: Guilford City: Greensboro Zip Code: 27407Tele. No. (Area Code): (910) 294-6060

III. CONTACT PERSON

Name: David Tedder

Job Title: _____

Telephone Number: (910) 434-7750

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".

5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: A&D Environmental & Industrial ServicesAddress: P.O. Box 484 High Point State: North Carolina Zip Code: 27261Contact: David Tedder Phone: (910) 434-7750

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
<u>T-1</u>	<u>1000 gal</u>	<u>Gasoline</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>T-2</u>	<u>1000 gal</u>	<u>Diesel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

J. Thomas Dade, Jr. Geologist*Scheduled Removal Date: 5/30/96Signature: J. Thomas Dade, Jr.Date Submitted: 5/23/96

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.